



SEBASTIAN MIDDLE SCHOOL

CLUB

2026-2027

Parent Permission Form

We are excited for your child to be part of a positive and engaging experience at Sebastian Middle School!



STUDENT INFORMATION

Student Name: _____ Grade (2026-2027): _____

Homeroom Teacher: _____ Club Name: Drama Club

Meeting Day(s): Tues & Thurs Meeting Time: 2-3

Club Advisor/Staff Sponsor: Parisen



PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____

Relationship to Student: _____

Address: _____
Street City State Zip

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Preferred Method of Contact: ☐ Phone Call ☐ Text Message ☐ Email



PARENT/GUARDIAN PERMISSION

I give my permission for my child to participate in the above-named club at Sebastian Middle School for the 2026-2027 school year. I understand that participation is a privilege and that all school rules, policies, and expectations apply. I also understand that transportation home is my responsibility unless otherwise arranged in writing with the club sponsor.

I understand that I am responsible for ensuring my child is picked up promptly at the conclusion of all club meetings and activities. Failure to pick up my child on time may result in the loss of participation privileges and removal from the club and/or future club activities.

Parent/Guardian Signature: _____ Date: _____



EMERGENCY INFORMATION

List any medical conditions, allergies, or other important information we should know about your child:

In case of emergency and I cannot be reached, please contact:

Name: _____ Phone: _____

